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E	Complete if Known						
Fees pursuant to the Con	Application Number 10		10/579,196-Conf. #6683				
FEET	Filing Date		May 12, 2006				
F	First Named Inventor David WOOLFSON						
	Examiner Name Not Yet Assig		Not Yet Assign	ned			
Applicant claims	Art Unit N/A						
TOTAL AMOUNT OF PAYMENT (\$) 1020.00			Attorney Docket No. 1817-0171PUS1			31	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
i. DAGIO I ILINO, GLI	·		ARCH FEES	EXAMI	NATION FEES		
		Small Entity	Small Entity		Small Entity		
Application Type	<u>Fee (\$)</u>	Fee (\$) Fee (\$		Fee (\$)		Fees	<u> Paid (\$)</u>
Utility	300	150 500	250	200	100	***************************************	
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500	250	600	300	************************************	
Provisional	200	100 0	0	0	0	<u> </u>	
2. EXCESS CLAIM FEES <u>Small Entity</u>							
Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)							100
Multiple dependent cl	aims					360	180
	Extra Claims	Fee (\$) Fee	Paid (\$)	Multiple Depend		ent Claims	
21 - 21 =	x		·····	<u>F</u>	<u>ee (\$) </u>	ee Paid (<u>\$)</u>
HP = highest number of to			· · · · · · · · · · · · · · · · · · ·				Philadelian
		Fee (\$)	Paid (\$)				
4 - 4 = HP = highest number of ir	x ndependent claims pai	· · · · · · · · · · · · · · · · · · ·					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		additional 50 or fra		of Fee (\$)	Fee	Paid (\$)
100) =	/50	(round up to a who	ole number)) x =	4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4 /4	
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): EOT Extension of time (3) months \$1020.00							
SUBMITTED BY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Signature	Jams ! h	./ Kather	Registration No. (Attorney/Agent)	28,380	Telephone	(703) 20	5-8000
Name (Print/Type) Jam	es M. Slatterv		\		Date	April 16	, 2007